

**SSI Milwaukee County Advisory Committee
Quality Assurance Workgroup
March 16, 2005 Meeting Summary
Co-Chairs: Dr. Bruce Christiansen, Dr. Sandra Mahkorn, and David Woldseth**

Organizations Represented:

APS Health Care

DHFS

iCare

Metastar

MHS

Wisconsin Coalition for Advocacy

Independence First

ANew

United Health Care

Mental Health Association

Abri Health Plan

Representatives:

Bruce Christiansen

Ruthanne Landsness

Sandra Mahkorn, M.D.

David Woldseth

Jim Hennen

Kathy Sansone

Sherrel Walker

Julie Litza

Jan Larson

Tom Hlavacek

Shirin Cabraal

Karen Avery

Ginger Reimer

Ruth Ryshe

Sue Schlondrop

Bonnie Johnson

Martha Rasmus

Paula Lucier

The Quality Assurance Workgroup met at the Radisson-Milwaukee West on North Mayfair Road. Dr. Mahkorn called the group together at 10:05 a.m.

David Woldseth discussed the progress of the external advocate contract. He reported that the Department will issue a request for proposals (RFP) rather than a request for bids (RFB). A quick turnaround is planned by DHFS. Mr. Woldseth reiterated that DHFS would like the external advocate in place by early May, and that requires a brief application period.

David Woldseth then talked about a grievance analysis that DHFS produces that looks at the overturns and appeals of HMO decisions. The dataset considers decisions of the past eight quarters. During that time, 92 decisions were overturned while 85 were upheld. The analysis covers mainly medical conditions. The top three medical conditions represented are orthodontics, gastric bypass/tummy tuck, and pharmacy.

Bruce Christiansen talked about Consumer Assessment of Health Plans (CAHPS) data. The Division of Health Care Financing uses this data system for its Medicaid and managed care program. The surveys are first mailed out and then reminder cards are sent out two weeks later. The survey is sent a second time, and efforts to fill out the questionnaire are made via telephone. Forty percent is considered an adequate response

rate. This represents 4-5,000 responses statewide or about 350 for each HMO. The CAHPS survey uses two questionnaires: one for adults and one for children. The most recent data comes from 2004 surveys, and the CAHPS survey collects data on various aspects including customer service, doctor communication, helpfulness of office staff, access, and general concerns about the HMO. The data is then used to generate a report card that compares HMOs to one another. This data is published on the DHFS website. Although Wisconsin has generally had better CAHPS scores than other states, comparing HMOs to one another has a built-in unfairness in that if all are good, good HMOs can still look bad, and if all are bad, bad HMOs can still look good. If one were interested in the national data, one could consult <http://www.qualityindicators.ahrq.gov> on the Web. It was suggested to Mr. Christiansen that baseline data for Milwaukee be created, so we will know the impact of the program on recipients when we do the evaluations.

Sandy Mahkorn presented information from the Guide to Prevention Quality Indicators. The Guide was developed by the Agency for Healthcare Research and Quality (AHRQ), a federal agency, and should not be confused with ARC. The AHRQ based its findings on hospital discharge data. DHFS no longer collects this data; the Wisconsin Hospital Association does through contract. The data has been linked to Medicaid data or to birth record data for evaluative purposes. AHRQ worked with Stanford to measure quality, safety, and preventive indicators. The AHRQ does not cover mental health questions, but DHFS must measure that for this program and must discover a way to collect this data.

Sandy Mahkorn began the discussion of quality indicators. Before the next meeting, the workgroup should look at the goals and decide which to pursue and which not to pursue.

The next meeting has been scheduled for April 11. At that time, the workgroup will complete its look at quality indicators and hopefully begin to look at provider surveys. The meeting adjourned at 12:12 p.m.

Respectfully submitted,

David A. Woldseth
Co-Chair